

SCANNED

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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CLERK OF COURT
2019 FEB 22 PM 12:15

Stephen Dresch

S.D. OF N.Y.

No 19 CV 1693

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

New York City
Police Department
John Doe 1, 2, 3, 4

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: I had my Leg broken during the Arrest

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Stephen L Stephen
First Name Middle Initial Last Name

NA

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

3491900232 NYSID 14157162L

Current Place of Detention

1500 Hazen Street East Elmhurst N.Y. 11370
Institutional Address

Queens

County, City

New York

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

V. STATEMENT OF CLAIM

Place(s) of occurrence: 126 St - Hexerton Ave New York N.Y

Date(s) of occurrence: 1-4-19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was leaving my Girl Friend
home when I was confronted by
the police about visiting my Girl
Friend who mother called because
she claimed that there was a order
of protection on me -

I was told that it was still actived
and that I was under arrest - I
then ask could I retrieve my Napsack
the police nodded his head yes
and I then proceeded to do that
next thing I knew was I was
being tackle to the floor and then
beaten -

In which my Leg was broken
in two places.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Broken Leg - Head trauma

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$200,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-26-19
 Dated _____ Plaintiff's Signature _____
 Stephen L Dragich
 First Name Middle Initial Last Name
 1500 Hazen Street East Elmhurst
 Prison Address
 Queen New York 11370
 County, City State Zip Code

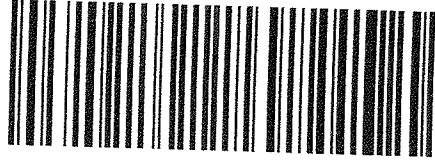
Date on which I am delivering this complaint to prison authorities for mailing:

1-26-19

Stephen Dregeh 3491900232
1500 Hazen Street
East Elmhurst N.Y.
11370

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

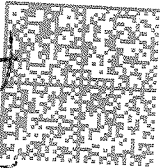
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500 Pearl Street
New York York 10036
Att. Southern District of N.Y.

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